



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Rhonda Gary for County Clerk

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 508-5115

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

6 Bayview Dr

5. City, State, ZIP Code

Cicero, IN 46034

6. Party Affiliation (if applicable)

Rep.

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Rhonda Sue Gary

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other

☒ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention

☐ Post-Convention

12. Reporting Period:

From: 10/31/14

Through: 12/31/14

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

167.23

14. Cash on hand and investments January 1, current year.

167.23

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

IF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE:

Signature  
Candidate

Date  
12/30/14

Signature  
Date

Not to be used for any commercial purpose. (IC 3-9-4-5) A person who knowingly  
who fails to file a complete or accurate report as required by the Indiana  
and may be subject to civil penalties. (IC 3-9-4-16 IC 3-9-4-17 IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED

12/30/14

12/30/14



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(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER
Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION <i>OFFICE SOUGHT (if applicable)</i>	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ Rhonda + Greg Gary		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Apply to Debt	31-23	31-23	
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>			\$	31-23	



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(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page \_\_\_\_\_ of \_\_\_\_\_

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Rhonda + Greg Gary  LENDER'S OCCUPATION:		996.14		31.23	964.91 Ø
Rhonda + Greg Gary  LENDER'S OCCUPATION:		3460			Ø
		Forgiving Debt			
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$ Ø

December 30, 2014

Rhonda Gary  
6 Bayview Dr  
Cicero, IN 46034  
(317)508-5115

FILED  
2014 DEC 30 AM 8:56  
PEGGY BEAVER  
CLERK  
HAMILTON COUNTY COURTS

Hamilton County Election Board/Committee  
1 Hamilton County Square  
Noblesville, IN 46060

Dear Election Board/Committee,

I am writing this letter to inform you that I would like to close my bank account that was opened for conduction campaign business. The bank account (132713) is with Community Bank.

The debt for my campaign is forgiven.

Thank you.

[Redacted Signature]

Rhonda Gary